Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9/540674 (Res) Effective November 10, 1998 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **NUMBER EXTRA FOR** NUMBER FILED RATE FEE RATE FEE **BASIC FEE** 750 OR U minus 20= TOTAL CLAIMS OR INDEPENDENT CLAIMS minus 3 = OR **MULTIPLE DEPENDENT CLAIM PRESENT** OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA AMENDMENT** PAID FOR FEE FEE **Total** Minus OR Independent Minus = 444 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL AMENDMENT **PREVIOUSLY AFTER EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus ** OR Independent Minus *** OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR **BEST AVAILABLE COPY** TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **PREVIOUSLY AFTER EXTRA** AMENDMENT **PAID FOR** FEE FEE Total Minus ** = OR Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL * If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." OR

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT, FEE

Application or Docket Number.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

54674

CLAIMS AS FILED - PART I (Column 1) (Column 2)								_ 	SMALL I	ENTITY	OR	OTHER SMALL I	,	
FOR			NUMBE	R FILED	N	IUMBER E	EXTRA		RATE	FEE		RATE	FEE ·	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			13	minus 2	20= *				X\$ 9=		OR	X\$18=	1	
INDEPENDENT CLAIMS			{	minus	3 = •		1	 	X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If	the difference i	in colu	mn 1 is l	less than ze	ro, ent	ter "0" in c	olumn 2	L	TOTAL		OR	TOTAL	V	
CLAIMS AS-AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL		
ENT A		CL REM/ AF	AIMS AINING TER IDMENT		HIC NU PRE\	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 2	9	Minus	** (20	= 19		X\$ 9=		OR	X\$18=	171	
AME	Independent	•	3	Minus	***	<u>J</u>	=		X39=		OR	X78=		
	FIRST PRESE	NTAȚIC	N OF MU	JLTIPLE DEF	PENDE	NT CLAIM		1	+130=	and a special section	OR	+260=		
ļ -				•	N	-		L	TOTAL		OB	TOTAL	101	
	- A	(Coli	olumn 1) ((Column 2) (Column 3)		. •	ADDIT. FEE		1~''	ADDIT. FEE		
AMENDMENT B.		CL REM AF	AIMS AINING TER OMENT		HIC NU PRE	GHEST JMBER VIOUSLY ND FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI-: TIONAL FEE	
	Total	. 3	9	Minus	**	39	1	 [X\$ 9=	4	OR	X\$18=	The state of the s	
	Independent		3	Minus	***	3	=		X39=		OR	X78=		
\vdash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+130=		OR	+260=		
	.	E	BEST	AVAIL	ABLI	E COF	Υ	Ĺ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
Ŀ			umn 1)			lumn 2)	(Column 3)			. •				
AMENDMENT C		REM Af	AIMS IAINING FTER NDMENT		NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Minus	**		=		X\$ 9= ·		OR	X\$18=		
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	If the entering set	mn 1 1-1	lace then "	he entry in cal-	ımn o	vrite "O" in an	ilumn 3		+130= -		OR	+260=	,	
**	If the "Highest Nur	mber Pr	eviously Pareviously P	aid For IN THI Paid For IN TH	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: \$10674

Total Fee Calculation

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	Sin.A.			Sia. Cang	Le Eaucy				
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			BEST AVAIL	TABLE CO	JPY				
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Less Filing Fees Submin	ed .5				•				
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BALANCE DUE	<u>s</u> 820					•			
James Valmok	<u>, , , , , , , , , , , , , , , , , , , </u>					٠.			